

**Exhibit G**  
**Affidavit of Geneva County Jail**  
**Administrator Carl Rowe**

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA  
SOUTHERN DIVISION

KEVIN NEIL HARTMAN,

Plaintiff,

V.

GENEVA COUNTY JAIL, et al.,

**Defendants.**

Civil Action No. 1:05-cv-645-F

AFFIDAVIT OF CARL ROWE

STATE OF ALABAMA

COUNTY OF GENEVA

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Carl Rowe, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Carl Rowe. I am over the age of nineteen and competent to make this affidavit.

2. I am the Jail Administrator for the Geneva County Jail.

- 3 I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail. I have no personal knowledge of any of the specific allegations that form the basis of Plaintiff's Complaint.

4. The Geneva County Sheriff's Department operates the Geneva County Jail pursuant to sound policies and procedures which ensure that the rights of all inmates incarcerated therein are respected. Members of the jail staff are trained both in house and at certified training

programs and academies regarding all aspects of their jobs, including the administration of medical care to inmates.

5. It is the policy of the Geneva County Sheriff's Department that all inmates confined in the Geneva County Jail be entitled to a level of health care comparable to that available to the citizens in the surrounding community in order that the inmates' physical and emotional well-being may be maintained. All medical care rendered to inmates in the Geneva County Jail is delivered under the direction of a licensed health care practitioner. It is departmental policy that no member of the jail staff, or any other Sheriff's Department employee, may ever summarily or arbitrarily deny an inmate's reasonable request for medical services. All judgments regarding the necessity of medical treatment are left to a licensed health care practitioner.

6. It is the policy of the Geneva County Sheriff's Department that all inmates incarcerated in the Geneva County Jail be allowed to request health care services at any time. Requests of an emergency nature may be made either verbally or in writing, but all requests for non-emergency care from state or county inmates must be submitted in writing. Members of the jail staff are charged with the responsibility of accepting requests for medical treatment from inmates and taking appropriate action to see that those requests are dealt with in a prompt and appropriate manner. Inmates with non-emergency medical problems are taken to see Dr. O.D. Mitchum in Geneva, Alabama. Inmates who have an emergency medical problem are taken to the Emergency Room for treatment.

7. When a member of the jail staff receives a request for medical treatment from an inmate, it is his or her responsibility to turn that request form over to the responsibility of the on duty jailer or matron. It is then the on duty jailer or matron's responsibility to make an

appointment for the inmate with an appropriate health care provider. Any doubt as to whether an actual need exists for medical treatment is resolved in favor of the inmate, with medical services being offered. All requests of an emergency nature are handled immediately.

8. It is the policy of the Geneva County Sheriff's Department that persons incarcerated in the Geneva County Jail be entitled to safe and accurate dispensation and administration of prescription and nonprescription medication. All medication prescribed for an inmate by a health care provider during the time of an inmate's incarceration is obtained by the Sheriff's Department and distributed according to the doctor's directions.

9. The Jailers at the Geneva County Jail have access to over-the-counter medication such as Tylenol, Ibuprofen, and Pepto-Bismol obtained from Geilstrap Drugs to distribute as needed to inmates.

10. I have had the opportunity to observe the Plaintiff throughout his incarceration at the Geneva County Jail.

11. On June 28, 2005, Plaintiff complained that his head hurt. Therefore, Marilyn Ruppel gave him Tylenol or Ibuprofen.

12. The next day, the Plaintiff complained that his stomach hurt. Therefore, Donald Weeks gave the Plaintiff Pepto-Bismol. The Plaintiff did not complain that he was sick any more after that day.

13. During this time period Plaintiff was undergoing withdrawals from methamphetamine.

14. If the Plaintiff had been in need of medical care or treatment, he would have received treatment in accordance with the policies and procedures of the Geneva County Jail.

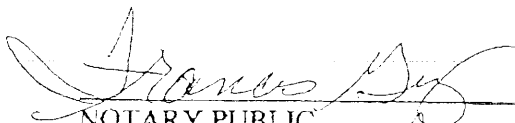
15. Plaintiff has not filed a grievance in regards to the allegations made the basis of his Complaint.

16. I certify and state that the documents from Plaintiff's Inmate File provided to the Court which are attached to the Defendants' Special Report are true and correct copies of these records, kept at the Geneva County Jail in the regular course of business. I am the Custodian of these Records.

17. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.

  
\_\_\_\_\_  
CARL ROWE

SWORN TO and SUBSCRIBED before me this 17<sup>th</sup> day of October, 2005.

  
\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: Sept 26<sup>th</sup> 2006

**Exhibit H**  
**Inmate File, Inmate Request Form dated**  
**July 3, 2005**

GENEVA COUNTY JAIL  
INMATE REQUEST FORM

NAME David Noel Lyman CELL 85 DATE July 5, 2005  
TELEPHONE CALL        MEDICAL ✓ DENTAL        HEARING REQUEST         
GRIEVANCE        VISIT        PERSONAL PROBLEM        OTHER         
SHERIFF        JAIL ADMINISTRATOR ✓ JUDGE        NOTARY ✓

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

I need some of the money that I have  
received on my books since I've been in  
I need to have this money returned by  
my attorney. I also will need to see  
doctor about medication that made me  
sick but also request that you keep a copy of  
my request forms on file for future reference.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER        MATRON        JAIL ADMINISTRATOR        SHERIFF         
JAILER        SIGNATURE        DATE        TIME       

TO BE PLACED IN INMATE'S FILE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Exhibit I**  
**Inmate File, Inmate Request Form dated**  
**July 4, 2005**



GENEVA COUNTY JAIL  
INMATE REQUEST FORM

NAME Karin Hartman CELL 215 DATE 7/2/05  
TELEPHONE CALL      MEDICAL ☒ DENTAL      HEARING REQUEST       
GRIEVANCE      VISIT      PERSONAL PROBLEM      OTHER       
SHERIFF      JAIL ADMINISTRATOR ☒ JUDGE      NOTARY ☒

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

I took something for headache that made  
me sick I need to see doctor. Also need  
estimated copy of all money that I've received  
while being incarcerated here at Geneva  
Jail. Please copy this and all my request  
forms on file.

Thank you Karin Hartman

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER      MATRON      JAIL ADMINISTRATOR      SHERIFF     

JAILER      SIGNATURE      DATE      TIME     

TO BE PLACED IN INMATE'S FILE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Exhibit J**  
**Inmate File, Inmate Request Form dated**  
**July 13, 2005**

gla

GENEVA COUNTY JAIL  
INMATE REQUEST FORM

NAME Kevin Hartman CELL 2K DATE 7/13/05  
TELEPHONE CALL        MEDICAL ✓ DENTAL        HEARING REQUEST         
GRIEVANCE        VISIT        PERSONAL PROBLEM        OTHER         
SHERIFF        JAIL ADMINISTRATOR        JUDGE        NOTARY       

BRIEFLY, OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

Request to see someone from Sparta to see  
I had again want to see head doctor now  
I was brought there that been 2 or 3 weeks ago

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER        MATRON        JAIL ADMINISTRATOR        SHERIFF       

JAILER John Palmer SIGNATURE DATE 7/14/05 TIME 1:00  
11:00

TO BE PLACED IN INMATE'S FILE

Called 7-14-05 10:47 AM in Geneva  
Don't called Nathan 673-2143. Not in 3-05  
NO APT MISS - If needed Appt 16  
Call Nathan -

684-9665

**Exhibit K**  
**Remainder of Plaintiff's Inmate File and**  
**Inmate Medical File not previously identified**  
**as separate exhibits**

GENEVA COUNTY JAILBOOKING SHEET

Date 9-15-02 Time 9:57  
 Name Hartman Kevin 1  
 (LAST) (FIRST) (MIDDLE)

Alias \_\_\_\_\_

Date of Arrest 9-15-02 Social Security No. \_\_\_\_\_  
 Race W Sex M Age 30 Eyes HAZ  
 Ht. 3-11 Wt. 170 DOB 1-31-72 Photo ✓  
 Address River Rd Spma \_\_\_\_\_  
 (STREET) (APT.) (CITY) (STATE) (ZIP)

Telephone \_\_\_\_\_ I.D. No. \_\_\_\_\_

NCIC Check \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 (STREET) (APT.) (CITY) (STATE) (ZIP)

Charge Agg. Meth Bond NO Charge \_\_\_\_\_ Bond \_\_\_\_\_

Charge \_\_\_\_\_ Bond \_\_\_\_\_ Charge \_\_\_\_\_ Bond \_\_\_\_\_

Charge \_\_\_\_\_ Bond \_\_\_\_\_ Charge \_\_\_\_\_ Bond \_\_\_\_\_

ARRESTING OFFICER Mark Bradley  
 (Please Print)

Signature \_\_\_\_\_

AGENCY \_\_\_\_\_

BOOKING OFFICER Rodriguez  
 (Please Print)

RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

[Signature]  
 Signature of Person Released

Date of Release \_\_\_\_\_ Time \_\_\_\_\_ Type of Release \_\_\_\_\_

Signature of Releasing Officer \_\_\_\_\_

P.O.E.

OCCUPATION

P.O.B.

HOLD

[illegible]

# BOOKING SHEET

## PAGE 4

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

### HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- |   |   |
|---|---|
| <input type="checkbox"/> a. Asthma              | <input type="checkbox"/> g. Alcoholism                    |
| <input type="checkbox"/> b. Heart Trouble       | <input type="checkbox"/> h. Mental Illness                |
| <input type="checkbox"/> c. Hypertension        | <input type="checkbox"/> i. Venereal Disease              |
| <input type="checkbox"/> d. Diabetes            | <input type="checkbox"/> j. Tuberculosis                  |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer                         |
| <input type="checkbox"/> f. Drug Addiction      | <input type="checkbox"/> l. Faintly of recent head injury |
|   | <input type="checkbox"/> m. Hepatitis                     |

If any response was yes, please explain and give date of last treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Are you allergic to anything? \_\_\_\_\_ If yes, what? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever been determined to be HIV positive? \_\_\_\_\_ If yes, when? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Are you currently taking any prescription medication? \_\_\_\_\_ If yes, what? \_\_\_\_\_

\_\_\_\_\_ For what? \_\_\_\_\_

\_\_\_\_\_

5. Does the Inmate require a special diet prescribed by a physician? \_\_\_\_\_ If yes, what? \_\_\_\_\_

\_\_\_\_\_ For what? \_\_\_\_\_

\_\_\_\_\_

6. Do you have any other medical or mental problem we should know about? \_\_\_\_\_ If yes, what? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BOOKING SHEET  
PAGE 5

Inmate Name \_\_\_\_\_ Date \_\_\_\_\_

1. Check One:

\_\_\_\_\_ This inmate was cooperative in responding to the above questions and allowing me to observe him.

\_\_\_\_\_ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability:

\_\_\_\_\_  
\_\_\_\_\_

2. I certify that I have today observed inmate \_\_\_\_\_, asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observations and his/her responses.

\_\_\_\_\_  
Signature of Booking Officer

Date: \_\_\_\_\_

Time: \_\_\_\_\_



GENEVA COUNTY JAIL

Page 6

I, \_\_\_\_\_, HAVE BEEN ADVISED BY THE JAILER  
OF THE FOLLOWING;

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO  
SEARCH BY AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND

ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR  
CORRESPONDENCE WITH COURT OFFICIALS

\_\_\_\_\_  
INMATE SIGNATURE

DATE \_\_\_\_\_

\_\_\_\_\_  
JAILERS SIGNATURE

DATE \_\_\_\_\_

GENEVA COUNTY JAILBOOKING SHEET

Date 5-17-98 Time 2025  
 Name Kevin N. Hamilton  
 (LAST) (FIRST) (MIDDLE)  
 Alias \_\_\_\_\_

Date of Arrest 5-17-98 Social Security No. \_\_\_\_\_  
 Race W Sex M Age 26 Eyes Grn Hair Red  
 Ht. 5'11" Wt. 175 DOB 1-31-72 Photo \_\_\_\_\_ F.P. \_\_\_\_\_  
 Address Rt 2 Box 2144 SANSON, AL  
 (STREET) (APT.) (CITY) (STATE) (ZIP)

Telephone \_\_\_\_\_ I.D. No. \_\_\_\_\_  
 NCIC Check \_\_\_\_\_  
 Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 (STREET) (APT.) (CITY) (STATE) (ZIP)

Charge DUI (Refused) Bond \_\_\_\_\_ Charge \_\_\_\_\_ Bond \_\_\_\_\_  
 Charge Carrying Pistol Bond \_\_\_\_\_ Charge \_\_\_\_\_ Bond \_\_\_\_\_  
 Charge w/o permit Bond \_\_\_\_\_ Charge \_\_\_\_\_ Bond \_\_\_\_\_

ARRESTING OFFICER CYH SANSON  
 (Please Print)

Signature \_\_\_\_\_  
 AGENCY \_\_\_\_\_

BOOKING OFFICER [Signature]  
 (Please Print)

RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

[Signature]  
 Signature of Person Released

Date of Release 5-18-98 Time 620 PM Type of Release PA SANSON PD

[Signature]  
 Signature of Releasing Officer

Do not Release to contact  
 Sanson P.D.

DAO 442 (Rev. 5/02) Warrant for Arrest

## UNITED STATES DISTRICT COURT

MIDDLE

District of

ALABAMA

UNITED STATES OF AMERICA

## WARRANT FOR ARREST

V.

KEVIN N. HARTMAN

Case Number 02-156-N

ROUTE 1 BOX 291

SAMSON, AL 36477

To: The United States Marshal  
and any Authorized United States OfficerYOU ARE HEREBY COMMANDED to arrest KEVIN N. HARTMAN

Name

and bring him or her forthwith to the nearest magistrate judge to answer a(n)

☒ Indictment ☐ Information ☐ Complaint ☐ Order of court ☐ Violation ☐ Probation Violation Petition

charging him or her (brief description of offense)

Possessing methamphetamine (1 Count)

in violation of 21 United States Code, Section(s) 844(b)DEBRA P. HACKETT

Name of Issuing Officer

CLERK, U.S. DISTRICT COURT

Title of Issuing Officer

BY: [Signature]

Signature of Issuing Officer DEPUTY CLERK

August 20, 2002 at Montgomery, Alabama

Date and Location

**COPY**Bail fixed at \$ to be set at initial **ORIGINAL WARRANT ON FILE.** Name of Judicial Officer**THIS COPY FOR INVESTIGATIVE****RETURN  
PURPOSES ONLY.**

This warrant was received and executed with the arrest of the above-named defendant

DATE RECEIVED	NAME AND TITLE OF ARRESTING OFFICER	SIGNATURE OF ARRESTING OFFICER
DATE OF ARREST <u>9-15-02</u>	<u>Deputy Neal Bradley</u>	<u>Neal Bradley D.S.</u>

## ALABAMA UNIFORM ARREST REPORT

Fingerprinted	R84 Completed
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

IDENTIFICATION	1 ORI # 034 0000	2 AGENCY NAME	3 CASE #	4 SFX								
	5 LAST, FIRST, MIDDLE NAME Hartman Kevin Neil		6 ALIAS AKA									
	7 SEX M	8 RACE W	9 HGT. 5'11"	10 WGT. 170	11 EYE HAZ	12 HAIR Red	13 SKIN Light	14	15 SCARS	16 MARKS Indian Woman Chest Cobra Hand	17 TATOOS	18 AMPUTATIONS
	15 PLACE OF BIRTH (CITY, COUNTY, STATE) Winchester VA		17 DATE OF BIRTH 01/13/1972	18 AGE 30	19 MISCELLANEOUS ID #							
ARREST	20 SID #	21 FINGERPRINT CLASS KEY MA PRIMARY SCDV SUB-SECONDARY FINAL	22 DL #	23 ST								
	24 FBI #	HENRY CLASS	25 IDENTIFICATION COMMENTS									
	26 RESIDENT <input checked="" type="checkbox"/> NON-RESIDENT	27 HOME ADDRESS (STREET, CITY, STATE, ZIP) River Rd Samson AL	28 RESIDENCE PHONE	29 OCCUPATION (BE SPECIFIC) Unemployed								
	30 EMPLOYER (NAME OF COMPANY/SCHOOL)	31 BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)	32 BUSINESS PHONE									
VEHICLE	33 LOCATION OF ARREST (STREET, CITY, STATE, ZIP) River Rd Samson AL		34 SECTOR #	35 ARRESTED FOR YOUR JURISDICTION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
	36 CONDITION OF ARRESTEE <input checked="" type="checkbox"/> DRUNK <input checked="" type="checkbox"/> SODER <input checked="" type="checkbox"/> DRUGS	37 RESIST ARREST? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	38 INJURIES? <input checked="" type="checkbox"/> NONE	39 ARMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
	40 DESCRIPTION OF WEAPON <input checked="" type="checkbox"/> HANDGUN <input type="checkbox"/> OTHER FIREARM	41 DATE OF ARREST 09/15/02	42 TIME OF ARREST 0945	43 DAY OF ARREST M								
	44 TYPE ARREST ON VIEW CALL WARRANT	45 ARRESTED BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	46 CHARGE-1 FEL	47 UCR CODE								
JUVENILE	48 CHARGE-2 FEL		49 UCR CODE	50 STATE CODE/LOCAL ORDINANCE								
	51 WARRANT #		52 DATE ISSUED	53 STATE CODE/LOCAL ORDINANCE								
	54 WARRANT #		55 DATE ISSUED	56 CHARGE-3 FEL								
	57 UCR CODE		58 CHARGE-4 FEL	59 UCR CODE								
RELEASE	60 STATE CODE/LOCAL ORDINANCE		61 WARRANT #	62 DATE ISSUED								
	63 STATE CODE/LOCAL ORDINANCE		64 WARRANT #	65 DATE ISSUED								
	66 ARREST DISPOSITION <input checked="" type="checkbox"/> HELD <input type="checkbox"/> TOT-LE <input type="checkbox"/> BAIL <input type="checkbox"/> OTHER		67 IF OUT ON RELEASE WHAT TYPE?									
	68 ARRESTED WITH (1) ACCOMPLICE (FULL NAME)		69 ARRESTED WITH (2) ACCOMPLICE (FULL NAME)									
RELEASE	70 VYR	71 VMA	72 VMO	73 VST								
	74 VCD TOP	75 TAG #	76 LIS	77 LIY								
	78 VIN	79 IMPOUNDED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	80 STORAGE LOCATION/IMPOUND #									
	81 OTHER EVIDENCE SEIZED/PROPERTY SEIZED											
RELEASE	82 JUVENILE DISPOSITION: <input type="checkbox"/> HANDLED AND RELEASED <input type="checkbox"/> REF. TO WELFARE AGENCY <input type="checkbox"/> REF. TO ADULT COURT <input type="checkbox"/> REF. TO JUVENILE COURT <input type="checkbox"/> REF. TO OTHER POLICE AGENCY		83 RELEASED TO									
	84 PARENT OR GUARDIAN (LAST, FIRST, MIDDLE NAME)		85 ADDRESS (STREET, CITY, STATE, ZIP)	86 PHONE								
	87 PARENTS EMPLOYER		88 OCCUPATION	89 ADDRESS (STREET, CITY, STATE, ZIP)								
	90 PARENTS EMPLOYER		91 OCCUPATION	92 ADDRESS (STREET, CITY, STATE, ZIP)								
RELEASE	93 DATE AND TIME OF RELEASE M D Y : AM PM		94 RELEASING OFFICER NAME									
	95 AGENCY/DIVISION		96 AGENCY ADDRESS									
	97 PERSONAL PROPERTY RELEASED TO ARRESTEE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> PARTIAL		98 PROPERTY NOT RELEASED/HELD AT:									
	99 PROPERTY NOT RELEASED/HELD AT:		100 PROPERTY #									
RELEASE	101 REMARKS (NOTE ANY INJURIES AT TIME OF RELEASE) No injuries at time of arrest or release											
	102 SIGNATURE OF RECEIVING OFFICER											
	103 SIGNATURE OF RELEASING OFFICER											
	104 SIGNATURE OF RECEIVING OFFICER											
105 MULTIPLE CASES CLOSED		106 CASE #	107 SFX	108 CASE #								
109 SFX		110 CASE #	111 ARRESTING OFFICER (LAST, FIRST, M.I.) Bradley Neal	112 SUPERVISOR 3408								
113 ID #		114 ARRESTING OFFICER (LAST, FIRST, M.I.) 3408	115 ID #	116 WATCH CMDR.								

TYPE OR PRINT IN BLACK INK ONLY

ACJIC-34 REV. 10-30

Chavez

Publ

Report

SARBO- PD